

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>08/19/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>8</i>	<i>8-2200</i>
FORMALITY REVIEW		<i>70017</i>	<i>9/15/00</i>
RESPONSE FORMALITY REVIEW		<i>2</i>	<i>11/27/00</i>

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 + ..... Restricted                        O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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